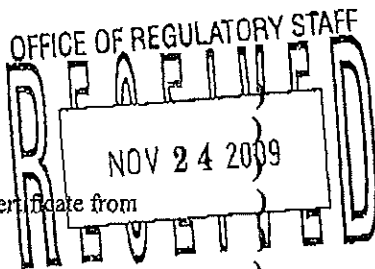


STATE OF SOUTH CAROLINA

(Caption of Case)

Example: Application for a Class C Charter Certificate from  
John Doe dba Doe's Limo



220493

BEFORE THE  
PUBLIC SERVICE COMMISSION  
OF SOUTH CAROLINA

TRANSPORTATION COVER SHEET

DOCKET

NUMBER: 2009 - ~~727~~ - T

449

If this is your first time filing an application with the PSC, you will not have a Docket Number. The Commission will assign one to you. If you have filed with the Commission before, a Docket Number was assigned and should be entered above.

(Please type or print)

Submitted by: \_\_\_\_\_

Telephone: (803) 479-1933

Address: 183 Graball Road

Fax: (803) 794-5732

Gaston, SC 29053

Other: \_\_\_\_\_

Email: Maddogg-1980@yahoo.com

NOTE: The cover sheet and information contained herein neither replaces nor supplements the filing and service of pleadings or other papers as required by law. This form is required for use by the Public Service Commission of South Carolina for the purpose of docketing and must be filled out completely.

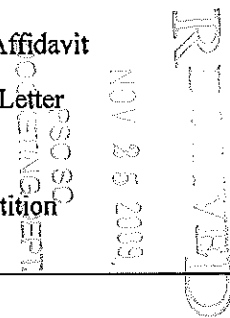
NATURE OF ACTION (Check all that apply)

- |  |  |
|--|--|
| <input type="checkbox"/> Application - Class A/A Restricted  | <input type="checkbox"/> Request for Name Change on Certificate        |
| <input type="checkbox"/> Application - Class C Taxi  | <input type="checkbox"/> Request to Amend Scope of Authority           |
| <input type="checkbox"/> Application - Class C Charter   | <input type="checkbox"/> Request to Amend Tariff (rate increase, etc.) |
| <input type="checkbox"/> Application - Class C Charter Bus   | <input type="checkbox"/> Request to Amend Passenger Limit              |
| <input type="checkbox"/> Application - Class C Non-Emergency   | <input type="checkbox"/> Request                                       |
| <input type="checkbox"/> Application - Class C Stretcher Van   | <input type="checkbox"/> Exhibit                                       |
| <input type="checkbox"/> Application - Class E Household Goods   | <input type="checkbox"/> Late-Filed Exhibit                            |
| <input type="checkbox"/> Application - Class E Hazardous Waste   | <input type="checkbox"/> Letter  |
| <input type="checkbox"/> Application   | <input type="checkbox"/> Proposed Order                                |
| <input type="checkbox"/> Request for Extension to Comply with Order  | <input type="checkbox"/> Publisher's Affidavit                         |
| <input checked="" type="checkbox"/> Request for Order Granting Authority to Obtain a Certificate of Public Convenience and Necessity to be Rescinded | <input type="checkbox"/> Reservation Letter                            |
| <input type="checkbox"/> Request for Cancellation of Certificate   | <input type="checkbox"/> Response                                      |
| <input type="checkbox"/> Request for Suspension  | <input type="checkbox"/> Return to Petition                            |
| <input type="checkbox"/> Request for Reinstatement   | <input type="checkbox"/> Other: _____                                  |

If you have any questions about this form, please contact the PUBLIC SERVICE COMMISSION at 803-896-5100.

Print Form

Reset Form



**File the original with:**

Public Service Commission of South Carolina  
Docketing Department  
Motor Carrier Matters  
P.O. Box 11649  
Columbia, S.C. 29211  
(803) 896 - 5100  
FAX (803) 896-5199

**Mail or fax a copy to:**

S.C. Office of Regulatory Staff  
Transportation Department  
1401 Main Street, Suite 900  
Columbia, S.C. 29201  
(803) 737-0578  
FAX (803) 737-0815

DATE: 11/21/2009

Please consider this a request to ~~cancel my~~ *rescind the order granting authority for a*

- |   |   |
|---|---|
| <input type="checkbox"/> Class C Taxi Certificate             | <input type="checkbox"/> Class A Restricted Certificate |
| <input type="checkbox"/> Class C Charter Certificate          |   |
| <input type="checkbox"/> Class C Charter Bus Certificate      |   |
| <input checked="" type="checkbox"/> Non-Emergency Certificate |   |
| <input type="checkbox"/> Class E Household Goods Certificate  |   |
| <input type="checkbox"/> Class E Hazardous Wastes Certificate |   |

My ~~Certificate~~ *order* Number is 2009-781.

Michael Pearson  
(Name of Company)

DBA Pearson Local Express  
(If applicable)

183 Gruball Road  
(Street Address)

\_\_\_\_\_  
(Mailing Address if different from Street Address)

Gaston, SC 29053  
(City, State, Zip Code)

\_\_\_\_\_  
(City, State, Zip Code)

(803) 479-1933  
(Telephone Number)

Michael Pearson  
(Signature)

Owner/Operator  
(Title)